

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014954

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132

Primary Registration District No. _____

Registrar's No. 75

FILED APR 18 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPICKARD</u>		c. CITY OR TOWN <u>SPICKARD</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If outside, give location) <u>SPICKARD</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES EDMOND LOGAN</u>		4. DATE OF DEATH Month Day Year <u>APRIL 6 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-19-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POST MASTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and state or country) <u>MERCER CO. MO</u>
13a. FATHER'S NAME <u>JOSEPH LOGAN</u>		13b. MOTHER'S MAIDEN NAME <u>RACHEL COON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>3</u>	
17. INFORMANT <u>GRACE LOGAN SPICKARD MO.</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE LOGAN</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Embolism (Massive)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>4-6-62</u> to <u>4-6-62</u> and last saw her alive on <u>died before my</u> Death occurred at <u>8:30 P.M.</u> <u>8:15 P</u> m on the date stated above, and to the best of my knowledge, the causes stated.		22c. DATE SIGNED <u>4-7-62</u>	
22a. SIGNATURE (Degree or title) <u>Byron F. Artell, D.O.</u>		22b. ADDRESS <u>Princeton, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-8-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>COON CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>MERCER CO. MO.</u>	
24. FUNERAL DIRECTOR <u>WISE FUNERAL HOME SPICKARD MO.</u>		25. DATE RECD. BY LOCAL REG. <u>4/8/62</u>	
26. REGISTRAR'S SIGNATURE <u>Irene Gair</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Row Wise*

Licensed Embalmer No. 3791

P. O. Address *Spickard Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.